

## Department of Health

### Budget Proposal for the 2011-13 Biennium

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The Department of Health has submitted its 2011-13 biennial budget proposal to the Office of Financial Management for consideration.

#### Context/framework

There are no requests in this proposal for new state funding because of the deficit in General Fund-State dollars.

Other increases are requested to address:

- Changes to reflect new federal grants received;
- Fee increase requests;
- Funding for workload issues in health professions.

Requested increases to the Department of Health budget include:

#### Environmental Health

**Support for Safe Drinking Water:** This proposal would increase the operating fee for all water systems. The goal is to create a stable funding source for the Drinking Water program, reducing reliance on state general funds and supporting public health services for all water systems. \$1,550,000 Safe Drinking Water Account

#### Health Systems Quality Assurance

**Safe Health Care:** This proposal would increase the number of staff that investigates and disciplines unprofessional health care provider conduct. With complaints about health care providers increasing, this would allow the department to help promote safer health care in Washington. \$4,784,000 Health Professions Account

**Access to Health Care:** This proposal would increase staff to meet the demands of a growing number of health professions. The workers receive applications, perform background checks, make certain that applicants meet professional qualifications, and issue licenses to health professionals and facilities. \$2,061,000 Health Professions Account and Medical Test Site Licensure Account

**Online Health Care Provider Licenses:** This proposal would increase staff and funding to implement direct online submission of new license applications, renewals, and credit card payments. \$1,969,000 Health Professions Account and other fees

**Physician Provider Information:** This proposal would increase the Medical Quality Assurance Commission staff to collect physician and physician assistant demographic information. The goal is to support planning and development of emergency and health care reform rules and policies promoting high-quality health care for Washington residents. \$336,000 Health Professions Account

The budget development instructions to state agencies also asked for General Fund-State reduction options for the 2011-13 biennial budget equaling 10 percent of current levels. For the Department of Health, this means reduction options totaling \$9.4 million per year. The Department of Health is submitting the following options to the Office of Financial Management and to the governor for consideration:

Epidemiology, Health Statistics, and the Public Health Laboratories

Public Health Laboratories: Beginning in 2011, we will implement new molecular testing methods and modify current testing practices. We'll also maintain vacancies in the environmental and microbiology laboratories, and curtail training to external partners in public health microbiology, safety, and emergency response. \$265,000 per year

Healthcare Acquired Infections: Beginning in 2011, this program will not fill a vacant half-time position; it will reduce the frequency of advisory committee meetings. \$122,000 per year

Non-Infectious Disease Epidemiology: Beginning in January 2011, we will eliminate support for consulting with and giving technical assistance to local health agencies to locate, obtain, and use health data. The purpose is to monitor community health status and to evaluate health interventions. \$170,000 per year

Health Care Declarations Registry: This proposal would eliminate the Health Care Declaration Registry – a statewide electronic registry, known as the Living Will Registry – that Washington residents can use to store their health care directive documents. The Living Will Registry will no longer be available in July, 2011. Individuals can maintain their registration in the U.S. Living Will Registry. \$52,000 per year

Environmental Health

Local health onsite management grants: This proposal would reduce grant funding to 12 Puget Sound counties to identify and address onsite sewage system problems in sensitive areas. \$252,000 per year

Shellfish shoreline surveys: This proposal would delay filling a vacant position for shellfish shoreline survey work. This work helps identify pollution effects on shellfish growing areas. \$86,000 per year

Pesticide illness monitoring: This proposal would redirect a portion of the agency's Model Toxics Control Account funding to the Pesticide Illness Surveillance Program to reduce the General Fund-State money that supports this program. This would reduce epidemiology and outreach in activities such as drug lab cleanup, indoor and outdoor air quality, and childhood lead poisoning. \$358,000 per year

Environmental Health and Safety Outreach: This proposal would reduce half of the outreach activities for core public health programs such as toxic and chemical hazards, pesticides, zoonotic diseases, water recreation, and school environmental health and safety. \$151,000 per year

Drinking Water Technical Support: This proposal would reduce the Office of Drinking Water's outreach and compliance oversight activities, as well as reduces technical assistance to water systems regarding cross-connection control. \$335,000 per year

Health Systems Quality Assurance

Office of the Assistant Secretary: The Division of Health Systems Quality Assurance made significant savings in the 2009-11 biennium through business practice changes, requirements, and restrictions in purchasing supplies, travel, IT equipment use and upgrades, and hiring delays. These will continue. \$427,000 per year

Community Health Systems: Beginning in 2011, we will reduce funding in the office for administrative activities that support programs such as Emergency Medical Services and Trauma System, rural health, and injury and violence prevention. \$157,000 per year

Temporary Worker Housing: The program made business practice and process changes that resulted in significant efficiencies and cost savings. \$133,000 per year

Senior Falls Prevention: This proposal eliminates a staff position that coordinates and implements a statewide senior falls prevention program. \$87,000 per year

Group Care Facility Inspections: This proposal would reduce funding for the Group Care Facility Inspection Program. It proposes to transfer the Department of Health's environmental health and safety inspections of group care facilities to the Department of Social and Health Services, which already licenses, inspects, and regulates group care facilities. \$86,000 per year

In-home services agencies: This item would reduce General Fund-State funding for licensing, inspection, and complaint investigations of in-home services agencies (home health care and hospice care). We have proposed the General Fund-State reduction be replaced by an equivalent license fee increase. \$58,000 per year

Health systems resource grants: This proposal eliminates grants to rural communities to identify, develop, and implement new approaches to sustain or improve access to affordable health care. These projects are focused on community-specific priorities. \$117,000 per year

Youth Suicide Prevention: This proposal eliminates funding to a contractor for community youth suicide prevention programs. The Department of Health contracts with the Youth Suicide Prevention Program to provide youth-directed media campaigns, training, crisis response planning, and to build local efforts to address youth suicide. \$170,000 per year

Adverse event reporting: This proposal would eliminate staff in the program who provide technical assistance to facilities that have had a reportable adverse event. This includes how to conduct and evaluate root cause analyses, and how to institute changes to the care

and systems procedures. The Department of Health will continue to collect adverse event data and post quarterly updates on the website. \$127,000 per year

**American Indian Health Care Plan:** The American Indian Health Care Plan is used for prevention, early detection, mitigation, and elimination of health threats to the American Indian and Native Alaska population in Washington. Currently the plan is updated every two years. This proposal would suspend the update in the 2011-13 biennium and changes the update schedule from every two years to every four years. \$40,000 per year

### Community and Family Health

**HIV Prevention and Client Services:** This proposal reduces direct support for HIV prevention and client care services. Through the regional AIDSNET system, the Department of Health provides money for services to high-risk individuals and communities. In the future money will be focused in areas with the greatest epidemic burden. HIV Client Services will reduce levels of client care services. \$850,000 per year

**Women, Infants, and Children (WIC) Program:** The WIC program will use available federal funding by converting local agency contracts currently using General Fund-State dollars to federal funds. The WIC program will work toward integrating the Farmers Market Nutrition Program with other WIC benefits. This will streamline training, contracting, and monitoring activities, as well as simplify check processing at farmers markets. \$400,000 year 1, \$820,000 year 2

**Maternity Support Services:** The Department of Social and Health Services (DSHS) contracts with the Department of Health to provide program oversight for the Maternity Support Services, Infant Case Management, and Childbirth Education components of the First Steps Medicaid program. DSHS reductions include elimination of the First Steps program on March 1, 2011. If DSHS eliminates this program, Department of Health work related to program oversight will no longer be necessary. \$300,000 per year

**Maternal and Child Health Programs:** The Office of Maternal and Child Health focuses on women, infants, children, adolescents, and their families. A number of reductions in the office are proposed:

- Eliminate contracts with local health partners to provide oral health services in their communities – \$692,000 per year
- Reduce by 38 percent contracts with 14 neurodevelopment centers to support services for children and youth with special health care needs – \$300,000 per year
- Reduce funds for genetic evaluation, counseling, and diagnostic testing, and for early hearing loss detection in newborns – \$397,000 per year
- Reduce efforts involving data that focus on programs and policies to improve the health of pregnant women, infants, children, and adolescents – \$162,000 per year
- Reduce funds for health education materials, family support, training and provider education – \$115,000 per year
- Reduce funds used to improve the transition of youths with special health care needs to adult health services – \$70,000 per year

- Reduce funds used for strategic planning and technical assistance on early childhood issues – \$53,000 per year
- Reduce printing of child health and immunization education materials – \$63,000 per year
- Merge two sections within the Office of Maternal and Child Health – \$300,000 per year

Community Health Leadership Forum: Beginning in 2011, we will reduce our support for the Community Health Leadership Forum, a statewide association of public health nursing directors organized under the umbrella of the Washington State Association of Counties, Association of Local Public Health Officials. \$40,000 per year

#### State Board of Health

Health Impact Reviews: These reviews look at proposed policy or budgetary change to see if the proposal is likely to have a positive or negative effect on health disparities. Funds for this activity were suspended in the 2009-11 biennium. This proposal suspends it for two more years.

#### Central Administration

Central Administration provides leadership and support in administration, policy development, communications, human resources, financial services, information technology, and risk management. The division is funded through an indirect cost pool. As division programs are reduced, the amount of money available to Central Administration is also reduced. The offices within Central Administration will adjust size and service levels as appropriate.

#### Local Public Health Funding

This proposal reduces funding to local public health agencies first authorized in 2007 (E2SHB 5930, Blue Ribbon Commission). It will maintain funding at 2010 levels. \$2,000,000 year 1, \$1,500,000 year 2